

Health Check Outreach Project Site Visit & Evaluation Form

DMA Staff will complete page one during site visit
HCCs – Type in the box that says “HCC Type here”

County:

Date:

Site Visit Participants (Name, Title, & Agency)

Confirm names, address, and phone/fax numbers on Contact List. Note any corrections/changes.

Discuss Monthly Accounting of Activities Report.

Review Instructions

Discuss Project and State averages for participation rates, client contact and unduplicated numbers of children served.

Coordinators Time: 75% spent in client related activities? ☐ YES ☐ NO
 50% spent in direct client contact? ☐ YES ☐ NO

Notes:

Please print or type sections 1 through 6. Once completed send to DMA 10 business days prior to the site visit on _____.

1. List HCC & Local Care Managers collaboration efforts:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

2. List collaboration efforts for ER Project

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

3. Project Activities

PRIORITIES & METHODS FOR FOLLOWING CHILDREN – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

CONSUMER & COMMUNITY OUTREACH – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

PRIVATE PROVIDERS OUTREACH — CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

DENTIST OUTREACH—CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

MIGRANT/COMMUNITY/RURAL HEALTH CENTERS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

HOSPITALS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

SCHOOLS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

HEAD START/DAYCARE – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

SMART START PARTNERSHIP – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

Mental Health

EARLY INTERVENTION, ADOLESCENT, SUBSTANCE ABUSE – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

DEPARTMENT OF SOCIAL SERVICES

MEDICAID STAFF – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

TRANSPORTATION – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

HEALTH DEPARTMENT

CHILD HEALTH CLINIC:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

IMMUNIZATIONS CLINIC – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

CHILD SERVICE COORDINATORS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

MATERNITY CARE COORDINATORS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

MATERNITY OUTREACH WORKERS – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

WIC – CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

OTHER CURRENT ACTIVITIES/CONCERNS:

HCC Type here

CONSULTANT RECOMMENDATIONS:

DMA Staff type here

3. How could the State better assist your county with the Health Check Program?

HCC Type here

4. Are you using incentives, if so, please list.

HCC Type here

5. List all training, workshops, and conferences (including regional meetings) that were attended in the past year.

***Please note if they were mandatory**

HCC Type here

6. Please provide directions to your facility:

HCC Type here

Summary of additional site visit recommendations if needed:

DMA Staff type here

Signatures for Site Visit

_____ Date _____
Health Check Coordinator

_____ Date _____
Health Check Coordinator

_____ Date _____
Health Check Coordinator

_____ Date _____
Health Check Supervisor

_____ Date _____
Project Agency Director

_____ Date _____
DMA State Staff Consultant